

O I P E

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APR 18 2006

Mail Stop ISSUE FEE
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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless otherwise directed below or directed otherwise in Block 1, by (a) specifying a new correspondence address, and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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7590 01/30/2006

Samuel H. Dworetzky
AT&T CORP.
P.O. Box 4110
Middletown, NJ 07748-4110
04/19/2006 TBESHAK2 00000024 10026307

01 FC:1501 1400.00 OP
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Certificate of Mailing or Transmission
I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (37) 273-2885, on the date indicated below.

(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/026,307	12/18/2001	David L. Basore	2000-0480	7996

TITLE OF INVENTION: INTELLIGENT NETWORK INTERFACE DEVICE FOR CALLER IDENTIFICATION MULTICASTING

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
Nonprovisional	NO	\$1400	\$0	\$1400	05/01/2006
EXAMINER	ART UNIT	CLASS-SUBCLASS			
DYKE, KERRIM	2667	370-352000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
 "Fee Address" indication (or "Fee Address" indication form PTO/SB/47, Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
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Michael Haynes PLC

Michael N. Haynes

Dale R. Jensen

I. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 1.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

AT&T Corp.

New York, New York

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

1a. The following fee(s) are enclosed:

Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies 3

4b. Payment of fee(s):

A check in the amount of the fee(s) is enclosed.
 Payment by credit card. Form PTO-2038 is attached.
 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-2504 (enclose an extra copy of this form).

1b. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Date 18 April 2006

Typed or printed name Michael N. Haynes

Registration No. 40,014

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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PTO/SB/17 (12-04)

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APR 18 2006

IAP78

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEES TRANSMITTAL
For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) **1409.00**

Complete if Known	
Application Number	10/026,307
Filing Date	18 December 2001
First Named Inventor	Basore, David L.
Examiner Name	Dyke, Kerri M.
Art Unit	2887
Attorney Docket No.	2000-0480 (1014-221)

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 50-2504 Deposit Account Name: Michael N. Haynes

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fee Paid (\$)
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	
Utility	300	150	500	250	200	100	0
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP =	0	x 50	= 0			
HP = highest number of total claims paid for, if greater than 20						

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 3 or HP =	0	x 200	= 0

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$)

- 100 = / 50 = 0 (round up to a whole number) K 250 = 0

Fee Paid (\$)

4. OTHER FEE(S)

Non-English Specification: \$130 fee (no small entity discount)

Other: Advance copies of patent, Utility Issue Fee

Fee Paid (\$)

0

1409

SUBMITTED BY

Signature	Michael N. Haynes	Registration No. 40,014 (Attorney/Agent)	Telephone 434-972-9988
Name (Print/Type)	Michael N. Haynes		Date 18 Apr 2006

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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FACSIMILE TRANSMITTAL

TO:

Name: Mail Stop ISSUE FEE

Firm: U.S. Patent & Trademark Office

Fax No.: 571-273-2885

Subject: U.S. Patent Application No. 10/692,545

Gary K. Michelson, M.D.

Filed: October 24, 2003

SYSTEM FOR RADIAL BONE DISPLACEMENT

(as amended)

Attorney Docket No. 102.0003-05000

Customer No. 22882

Confirmation No.: 1113

FROM:

Name: Thomas H. Martin, Esq.

Phone No.: 330-877-2277

No. of Pages (including this): 20

Date: April 18, 2006

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Message:

CERTIFICATE OF TRANSMISSION UNDER 37 CFR 1.8

I hereby certify that the attached Issue Fee Transmittal Form (in duplicate; \$1,700.00 total amount to cover the \$1,400 issue fee and \$300 publication fee is to be charged to Deposit Account No. 50-3726), Amendment After Final, and Request for Correction of Title with attachment are being facsimile transmitted to the U.S. Patent and Trademark Office on April 18, 2006.

Sandra L. Blackmon

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